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DATE: July 18, 2006

CLIENT-MATTER No.: 21673-04480

To:

NAME	FAX No.	PHONE No.
USPTO	571-273-8300	

FROM: Laura A. Majerus

PHONE: (650) 335-7152

SENT BY: Dana Chevalier

PHONE: (650) 943-5363

NUMBER OF PAGES WITH COVER PAGE: 13 ORIGINAL WILL NOT FOLLOW

MESSAGE:

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TRANSMITTAL FORM (to be used for all correspondence during pendency of filed application)	Application Number	09/648,408	
	Issue Date	August 24, 2000	
	First Named Inventor	Beerud D. Sheth	
	Group Art Unit	3621	
	Examiner Name	Mary Da zhi Wang Cheung	
Total Number of Pages in This Submission	2	Attorney Docket Number	21673-04480

ENCLOSURES (check all that apply)	
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<input type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
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REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT		
Signature:	<i>Laura Majerus</i>	
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33,417	Dated: July 18, 2006

CERTIFICATE OF FACSIMILE TRANSMISSION		
I hereby certify that this correspondence, including the enclosures identified above, is being transmitted on the date shown below via facsimile to: Commissioner for Patents at the facsimile number indicated below.		
Signature:	<i>Laura Majerus</i>	
Typed or Printed Name:	Laura A. Majerus	Dated: July 18, 2006
Facsimile Number:	571-273-8300	

21673/04480/DOCS/1640540.1

JUL 18 2006

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	09/648,408
Filing Date	August 24, 2000
First Named Inventor	Beerud D. Sheth
Group Art Unit	3621
Examiner Name	Mary Da zhi Wang Cheung
Attorney Docket Number	21673-04480

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Thomas B. Haverstock Haverstock and Owens, LLP				
Address	162 North Wolfe Road				
Address					
City	Sunnyvale	State	CA	Zip	94086
Country	USA				
Telephone	408-530-9700	Fax	408-530-9797		

- ☒ This request is made on behalf of myself and
☐ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number 00758
on whose behalf I have signed this request and on whose behalf I am authorized to sign.

Name Laura A. Majerus, Reg. No. 33,417

Signature

Laura Majerus

Date

July 18/2006

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

21673/04480/DOCS/1637866.1